

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2162	Date: October 26, 2018
	Change Request 10623

SUBJECT: Modify Common Working File (CWF) Editing to Apply Code G0476 to Female Beneficiaries Only

I. SUMMARY OF CHANGES: This Change Request (CR) instructs CWF to update the beneficiary records to apply code G0476 to female beneficiaries only.

EFFECTIVE DATE: January 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 1, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: Medicare providers, physicians, and other suppliers use the HETS system to reply to queries received concerning individual beneficiary eligibility information under the Medicare program, including preventive services Healthcare Common Procedure Coding System (HCPCS) code information found on the CWF. HIPAA Eligibility Transaction System (HETS) returns the beneficiary preventive services eligibility information for each requested HETS-supported preventive services HCPCS code. HETS is designed to return the preventive HCPCS codes' data exactly as it is passed from CWF.

The purpose of this CR is to instruct CWF to update the beneficiary records to apply code G0476 to female beneficiaries only and send the same to the Medicare Beneficiary Database (MBD) extract file to be returned on HETS.

B. Policy: There are no legislative or regulatory policies associated with this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

[illegible]

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	Shared- System Maintainers			Other
		A	B	H H H		F I S S	M C S	V M S	
	NOTE: Contractors shall post claims to the AUX File if condition code 45 or modifier KX is present.								
10623.2	<p>When denying line items on claims containing G0476 per requirement 10623.1 contractors shall use the following messages:</p> <p>CARC 7 - The procedure/revenue code is inconsistent with the patient’s gender. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>MSN 21.21 - This service was denied because Medicare only covers this service under certain circumstances.</p> <p>Spanish version - Este servicio fue denegado porque Medicare solamente lo cubre bajo ciertas circunstancias.</p> <p>Group Code CO</p>	X	X						
10623.3	Contractors shall not search for claims with HCPCS code G0476, submitted with dates of service on or after January 1, 2019 but received before April 1, 2019, but contractors may adjust claims that are brought to their attention.	X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
	None						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Bill Ruiz, 410-786-9283 or william.ruiz@cms.hhs.gov (For institutional claims processing questions) , Delena McNeal, 410-786-2127 or delena.mcneal@cms.hhs.gov (For CWF, HETS questions) , Rupinder Singh, 410-786-7484 or rupinder.singh@cms.hhs.gov (For CWF, HETS questions) , Tom Dorsey, 410-786-7434 or thomas.dorsey@cms.hhs.gov (For professional claims processing questions)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0